

Supplemental Application Data Sheet

Application Information

Application number::	10/715,868
Filing Date::	11/17/03
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	West Nile Virus Vaccine
Attorney Docket Number::	06132/075002
Request of Early Publication?::	No
Request of Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	Yes
Petition Included?::	No
Petition Type::	

Licensed US Govt. Agency::	<u>National Institute of Allergy and Infectious Diseases (NIAID)</u>
Contract or Grant Numbers::	<u>5R01AI048297-03</u>
Secrecy Order in Parent Appl.?:	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Juan
Middle Name::	
Family Name::	Arroyo
Name Suffix::	
City of Residence::	Rockville
State or Province of Residence::	MD
Country of Residence::	
Street of mailing address::	1014 Grand Champion Drive
City of mailing address::	Rockville
State or Province of mailing address::	MD
Country of mailing address::	
Postal or Zip Code of mailing address::	20850

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity

Given Name:: Charles
Middle Name::
Family Name:: Miller
Name Suffix::
City of Residence:: Lynn
State or Province of Residence:: MA
Country of Residence::
Street of mailing address:: 183 Euclid Avenue
City of mailing address:: Lynn
State or Province of mailing address:: MA
Country of mailing address::
Postal or Zip Code of mailing address:: 01904

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John
Middle Name:: Avram
Family Name:: Catalan
Name Suffix::
City of Residence:: Newton
State or Province of Residence:: MA
Country of Residence::
Street of mailing address:: 44 Irving Street

City of mailing address:: Newton

State or Province of mailing address:: MA

Country of mailing address::

Postal or Zip Code of mailing address:: 02459

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Thomas

Middle Name:: P.

Family Name:: Monath

Name Suffix::

City of Residence:: Harvard

State or Province of Residence:: MA

Country of Residence::

Street of mailing address:: 21 Finn Road

City of mailing address:: Harvard

State or Province of mailing address:: MA

Country of mailing address::

Postal or Zip Code of mailing address:: 01451

Correspondence Information

Correspondence Customer Number:: 21559

Representative Information

Representative Customer Number:: 21559

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/426,592	11/15/02

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
WO	PCT/US03/36623	11/13/03	YES

Assignee Information

Assignee name::	Acambis Inc.
Street of mailing address::	38 Sidney Street
City of mailing address::	Cambridge
State of Province of mailing address::	MA
Country of mailing address::	
Postal or Zip Code of mailing address::	02139